EXHIBIT A

JOHN DOE 4

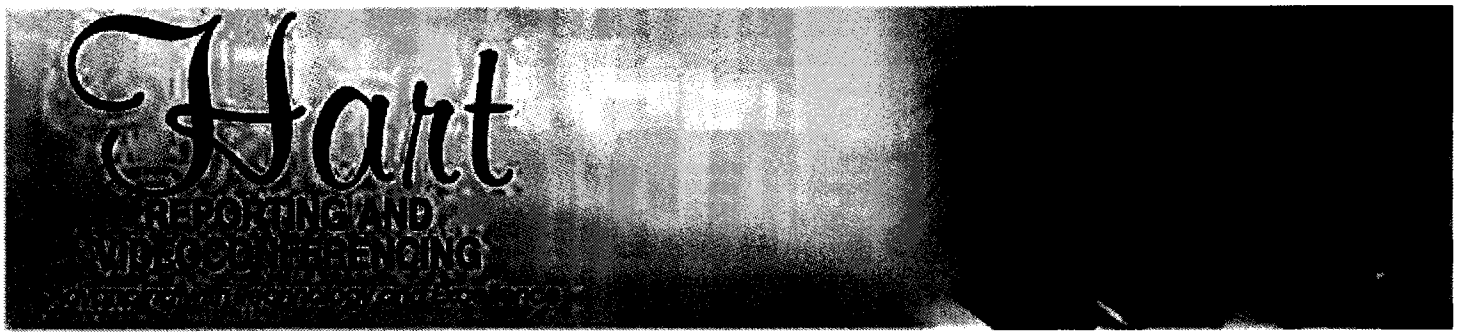
vs

SHENANDOAH VALLEY JUVENILE CENTER

Deposition of

Kelsey Rebecca Wong

August 22, 2018



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IN THE UNITED STATES DISTRICT COURT

FOR THE WESTERN DISTRICT OF VIRGINIA

HARRISONBURG DIVISION

JOHN DOE 4, et al., by and through their next friend, NELSON LOPEZ, on behalf of themselves and all persons similarly situated,

Plaintiffs,

v.

SHENANDOAH VALLEY JUVENILE CENTER COMMISSION,

Defendant.

CASE NO. 5:17-cv-0097

COPY

Deposition of KELSEY REBECCA WONG

Harrisonburg, Virginia

Wednesday, August 22, 2018

9:30 a.m.

Pages 1 - 225

Reported by: Karen L. Hart, RMR-CRR

Deposition of KELSEY REBECCA WONG held at the offices of:

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Pursuant to agreement, before Karen L. Hart, Registered Merit Reporter, Certified Realtime Reporter and Notary Public for the Commonwealth of Virginia.

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Q. When do the resident supervisors receive the training particularly with respect to providing crisis management?

A. When they're first hired, they have an initial training, which I think is 80 hours, with the training coordinator, and they go through all the required trainings necessary before they do on-the-job training which is 40 hours. And then we do annual trainings throughout the year which consist of four hours per month. Then we also offer external trainings to staff when available.

Q. So that 80 hours of initial training that's provided with the training coordinator, is that for all new hires?

A. All new hires.

Q. And what does it consist of?

A. Reading our policy, having all the initial required training, such as first aid, CPR, emergency precautions, OSHA, those kind of things, Handle With Care, LGBTQ, and mandatory reporting, PREA, the ORR program, cultural competency. I can't remember them all. And then they do the 40 hours on the job.

Q. What is covered in the cultural competency training?

A. Typically, because the UAC population

usually comes from Central America, we talk about how the kids come here, the differences in cultures, things like that.

Q. What do you cover in terms of how the kids come here?

A. Typically we talk about the journey that they take from Central America. Not all of our youth are from Central America, but I would say the majority of them are within the UAC population. And we talk about typically how dangerous it is and the experiences that they encounter on the way. We have shown video clips, things like that.

Q. Do you talk about trauma?

A. Uh-huh.

Q. And what do you talk about with respect to trauma?

A. Our lead clinician does -- talks about the typical histories and past experiences of youth who have been in our care and how they -- yeah, she talks about their trauma, I guess, in the past.

Q. Who is your lead clinician?

A. Melissa Cook.

Q. What is covered in the training with respect to ORR?

A. We go over what a UAC is, where they come

from, the reasons why they come. The push factors mainly is kind of what we look at. We talk about the number of referrals that we've received from -- or ORR has received from DHS throughout the years. We go through the legal authorities of ORR, the services that are required. We go through the responsibilities of case managers and clinicians. We go over case plans, sponsor fraud, things like that to be wary of.

Q. I'm sorry?

A. Sponsor fraud, to be wary of.

Q. When you say you go over case plans, what do you mean?

A. We go over the possible cases of kids and what they're working on or could be working on depending on the child and the process and the length of time it takes, things like that.

Q. What is Handle With Care?

A. It is the DJJ approved physical restraint technique that we utilize.

Q. And how long have you been utilizing the Handle With Care approach?

A. As long as I've worked there. I'm not sure when it began.

Q. You then stated that you have 40 hours of

developed case plans. Is that one of the things that case managers are expected to do?

A. They're expected to work with a kid on their case and try to move their case forward in whatever capacity that we can and coordinate services and document everything.

Q. Are case managers assigned to specific kids?

A. Yes.

Q. And how many kids would a case manager typically have?

A. Eight is the maximum. It's a one-to-eight ratio.

Q. And are you at that one-to-eight ratio point currently?

A. Yes.

Q. Do case managers speak Spanish?

A. Yes.

Q. All of them?

A. Uh-huh. Sorry. Yes.

Q. And what are the things that they might do to move a case forward?

A. Depends on the case plan, whether it's referrals, working on the kid with good behavior, working with a sponsor or family member to gather

and also the safety of the community. Also, ideally, we're trying to step a kid down to lower levels of care, and that can impact acceptance at another program. If a kid is continually having behavioral issues, they may not be approved for a step-down or the other programs may not accept them because of that.

Q. Do the case managers work with clinicians at all with respect to the kids?

A. Yes, they're paired. So each kid is assigned a case manager and clinician on intake or when they're referred.

Q. Is there an established method for communication between the case manager and the clinician with respect to individual kids?

A. They work really closely together. Most -- you have to kind of tag team the work. A lot of the documents are created in conjunction with one another, in talking with the kid as well, safety plans, family conferences, things like that.

Q. What role, if any, does a case manager have in determining the type of discipline a kid may need to have?

A. None.

Q. So when a kid is subjected to a form of

be?

A. For example, if a kid had been mislabeled gang but we're working on family reunification within the safety plan, we'll probably look for programs that work with gang-involved individuals because sometimes that may help their approval for family reunification even though it's been denied. It can't hurt.

Q. So in cases where you conclude that a kid does not need a secure setting and perhaps should be stepped down, what are the steps you go through to try to put that step-down process into place?

A. We staff cases weekly with our case coordinator. Our FFS participates at least once a month, but we elevate all our staffing notes and all concerns or major issues through an e-mail weekly. And then any other major concerns, we'll call our FFS for guidance on -- you know, if we can do anything sooner rather than later.

Q. And who makes the decision about whether step-down may or may not be appropriate in a given case?

A. ORR.

Q. And who at SVJC is responsible for making SVJC's recommendation with respect to step-down?

A. We don't necessarily make recommendations all the time, initially just staffing the case and providing eligibility or elevating a case about concerns for placement.

Q. What do you mean providing eligibility?

A. If a kid has been -- typically a kid is reviewed for step-down every 30 days, and other programs won't accept a case unless they've demonstrated 30 days of good behavior. The process continues to change because ORR continues to evolve. So for certain cases now with gang involvement, if they're only placed in secure for gang involvement, which previously kids who disclosed gang involvement weren't placed in a secure setting, they would be placed in a staff secure setting, which was kind of like a shelter placement but with higher levels of supervision. The ratio from staff to kid is smaller. Then they would be evaluated there. But the policy changed that any kid who has gang involvement or gang affiliation has to be in a secure setting, and the policy has evolved to the point if a kid is only placed in a secure setting for a gang involvement, then they're evaluated within seven to ten days or something and then that they can be -- the FFS will review for step-down at the time.

kids who have engaged in self-harming -- who have histories of engaging in self-harming behaviors, and a secure setting is the most restrictive setting within the ORR network, so there's not as much access to a lot of the items that kids may use for self harm.

Q. Are they put in a secure facility to -- for treatment purposes or for safety purposes?

A. Safety.

Q. To the extent that they might need or benefit from treatment, is that something they can get at SVJC, or do they have to be placed somewhere else?

A. Typically when they're referred to us, if we've identified a mental health concern or a mental health need, we will conduct or elevate and ask for a psychological evaluation to be conducted, and we'll refer them to that and then they'll -- depending on that psychological evaluation, then we can move forward with the case, and RTC within the network won't accept a kid without a recommendation.

Q. Who conducts the psych evaluation?

A. We have two providers that we utilize. We used to have some other ones in the past, but they've gone, moved on. We typically use Dr. Gustavo Rife

necessary if we can't set the expectation upfront. So they're posted throughout the facility based on the area where the child is.

Q. So what were the rules previously that you couldn't do?

A. There is a list of them on the previous resident orientation handbook. I can't remember all of them.

Q. Can you give me some examples?

A. It's been a long time since I've seen them.

Q. When did this change take place?

A. We implemented the new behavioral management program in August of 2016. We started redeveloping it in February of 2016.

Q. So is it still the case that, for example, kids must walk through the hallways with their hands behind their back?

A. Uh-huh, yes. Sorry.

Q. And what's the reason for that rule?

A. I think it's to maintain order in the hallways, to make sure that items on the wall -- just to maintain order in the hallways, I guess.

Q. What about the no talking at meals?

A. I think that is mainly a logistic reason,

just to -- for meals to go, to limit issues during meal times.

Q. What are the consequences if a kid violates a rule of that nature?

A. Typically, they're just verbally redirected.

Q. Is that what you would expect, that violation of a rule of that magnitude would warrant a verbal redirection only?

A. Yes, I'd expect.

Q. Are the residents given those rules beyond ones that are posted? Are they given those rules in writing?

A. The general rules are listed in the resident orientation handbook, but they're also on all the units for them to see it in writing.

(Wong Deposition Exhibit No. 13 was marked for identification and attached to the transcript.)

BY MS. LIEBERMAN:

Q. Ms. Wong, you have before you a document that's been marked as Wong Exhibit 13. Can you tell me what it is?

A. It's the mental health interview protocol

document.

Q. Is this a document that is currently in use?

A. Yes, at intake.

Q. And how does it work?

A. At intake it's part of one of the forms that or assessments that are completed with the youth.

Q. And is it -- are these essentially sequential interview questions?

A. Yes.

Q. Who asks them?

A. The person conducting the intake, typically the shift supervisor or the translator if the translator is present.

Q. So not a mental health professional?

A. No, just at intake to identify any concern prior to placement.

Q. Has the approach to getting this information been vetted by any of the clinicians?

A. I'm not quite sure where the mental health interview protocol form came from. I'm not sure if it's a DJJ form or something like that to make sure when the kid is initially placed, most -- you know, the kids are FAST placement or they're coming from a

locality you don't really know their past information, so it's to make sure if there's any issues that need to be addressed they will be addressed.

Q. Do you expect that youth will be forthcoming in their responses to these questions?

A. Maybe not at intake, but the clinicians always do follow-up to this, and I forget if they do it within a week or 30 days afterwards. There's a timeframe. I can't remember.

Q. And the clinicians do a follow-up with every single new resident?

A. New intake, yeah.

Q. Do they use a particular instrument in their follow-up?

A. I'd say it's conducted -- the follow-up and this form are done in the JCS system as an assessment tool.

Q. So there's a structured document, if you will, that the clinicians use to do their follow-up?

A. Yes, I believe so, through the JSC. They do a follow-up form from this.

Q. And then it's entered into the JCS system?

A. Yes.

Q. You mentioned the MAYSI scoring tool?

youth, and if they have any scars or tattoos or like that on their body that can be documented, yeah.

Q. What about their educational levels? Is that explored?

A. That's asked as part of the biographical data.

Q. Is there any testing of their educational level?

A. The education department -- so our education department is provided through Staunton City Schools, and they do educational testing for the youth. For our kids, they do it within 72 hours of the intake unless they're on some kind of break for holidays or something like that, that they do an educational assessment for placement.

Q. Do they do the educational assessment in Spanish?

A. English and Spanish, depending on the kid's level.

Q. And what do they do with the assessment once it's completed?

A. They use it to identify what type of education they need to be placed in or where they need to go, depending on their education level or what can be provided. If they're in a certain math

perfect English, had been accultured to the United States, had been in school for a long time and they were working on their GED. And then for a while, we had a lot of kids straight from the border who had very low educational skills, and now we're getting -- we've had a little bit of a mix of it in the past few years.

Q. And so kids are assigned to different classrooms based on their level of educational attainment?

A. However, the school department puts where they want the kids and how they want to program them for that day.

Q. So does any of the SVJC staff actually oversee the delivery of educational services?

A. No, they provide more -- like they'll sit in the classrooms to, you know, be a support there, and they'll also be in the hallways. If a kid needs to cool down, they'll come out with the kid if they need to cool down in the hallway to return to class, or if the kid is frustrated and wants to go to their room for a time-out, then they'll escort them to their room for a time-out, things like that.

Q. But institutionally, you don't -- or institutionally, do you do any monitoring of whether

the educational services provided at the facility are appropriately tailored to the kids' needs and levels?

A. They're supervised through Staunton City Schools, the public school system.

MS. LIEBERMAN: Okay. Why don't we stop. Why don't we take a lunch break.

(Recess, 12:22 p.m. to 1:33 p.m.)

BY MS. LIEBERMAN:

Q. What is a case plan?

A. A case plan is -- I'm trying to think of how to describe it. What the kid is working on to either stay in the United States or to return to home country.

Q. And is it a document or something else?

A. It's typically the primary goal of the minor, the primary and concurrent goal of what they're working on.

Q. Is that goal embodied in a document?

A. It's typically embodied in the UAC assessment or case review.

Q. And what is the case review?

A. The case review is an assessment completed that compiles all the minor's information into a

that the old policy had. Turn to page 6 of the policy.

A. Okay.

Q. And in particular look at number E, and it talks about types of disciplinary measures to be applied progressively by staff to resolve resident's violations.

A. Yes.

Q. And then it lists, in sequence, verbal reprimand, time out, level loss, room isolation of less than 24 hours and room isolation exceeding 24 hours.

A. Correct.

Q. Was this an approach that basically used removing kids from programming as a disciplinary measure rather than a safety measure?

A. I would say so.

Q. So there was a punitive aspect to the various interventions that are listed here?

A. I don't know if it would be considered punitive. But I would say that I think it was more about -- still about maintaining safety, but I think it was just handled in a different way.

Q. In what respect?

A. In this program, if a child continued to

act out, had continued behavioral issues, then he would lose his behavioral level up until the point of having room time for a prescribed amount of time.

Q. So I think I heard you say two things. One, that it contemplated the loss of levels?

A. Correct.

Q. And was there any formula for how that loss could happen, or was it discretionary?

A. It was based on behavioral -- there was a list, I believe, of things where they may lose their level.

Q. And the --

A. Which would be in the resident orientation handbook from previously.

Q. So was it the case that a certain kind of infraction would then trigger a specific loss?

A. Yes.

Q. And is that something that you changed in 2016?

A. Yes.

Q. So take a look at page 7, H, where it says, "Once initiated, disciplinary levels are influenced by the resident's attitude and actions," and certain actions may result in more stringent disciplinary measures being taken. Do you see where

Q. As a disciplinary response?

A. Yes.

Q. And there are two kinds, short term and indefinite. Short term is defined as less than eight hours.

A. I think it's up to 24 hours. It says less than eight hours but could be up to 24 hours.

Q. Right. Yes. Thank you.

Is that still the facility's concept of short-term isolation?

A. We don't have a term for short-term isolation in the new behavioral management program.

Q. Is -- do you have -- well, we'll get to that in a minute.

The second is indefinite, duration of more than 24 hours but not to exceed 72. Is that something that the facility still uses?

A. We don't have anything with that term for indefinite.

Q. And why did the facility decide to stop using a short-term and indefinite duration policy?

A. This is about the prescribed room time for a specific violation, and we wanted to move away from that because our idea is that kids will be more successful if they're in programming and returning

them to programming as soon as possible once they're calm.

Q. And in the old policy, it was a set time period they had to satisfy?

A. Yes.

Q. If you turn with me to the following page 13, there should be some unnumbered pages with grids. Do you see those?

A. Yes.

Q. What are those?

A. This is a list of disciplinary measures used for violation of rules.

Q. And were these guidelines for staff?

A. Yes.

Q. And what were they intended to do?

A. To provide kind of a crosswalk of measures that can be used for offenses.

Q. It says which level of disciplinary measures will be used for a violation at the top.

A. Yes.

Q. Does that mean that staff were required to follow the designations in this grid?

A. They can follow any of the Xs.

Q. Or must they follow the Xs?

A. They should be following the Xs or

away that they've earned?

A. No. I think sometimes it's a verbiage issue of kids feeling that things are taken away when really they -- the expectation or responsibility of them earning their points, they know the expectations, and the goal is for them to earn it within that respected period.

Q. So I'm sorry. I may have interrupted you when you were walking through the ways in which this policy was a change from the prior policy. Were there other things that you wanted to flag?

A. I think we talked about the reinforcers. I think that's it. I guess removal from programming. Previously, the verbiage for removal from programming was called restricted, and now we call it removal. And it can only be less than 24 hours for any incident, and it's reviewed every four hours and hopefully sooner for them to be reintegrated into programming if it is safe to do so.

Q. So it can only be less than 24 hours for any incident?

A. Uh-huh. Previously, in the old policy, it could be up to 24 hours for the incidents in the diagram or from 24 to 72 hours. No kid is removed for more than 24 hours at a time in this new program.

Q. Irrespective of the offense?
A. Correct.
Q. If a kid were removed for more than 24 hours, now that this new policy is in effect, would that constitute a violation of rules by staff?
A. I think it -- in the policy, if I'm not wrong, it would have to have the executive director or deputy director approval if the kid was in their room for more than 24 hours.
Q. And that approval would have to come when?
A. When it's -- if it's coming up on the 24-hour period, it would have to have approval.
Q. So it's not a retroactive blessing?
A. No. It would have to be beforehand. And then there would have to be a plan in place on how to get the kid back into programming.
Q. And would that trigger any red flags for further involvement with the kid or examination of the circumstances?
A. All of the -- all of -- any kind of disciplinary incident would be reviewed by multiple people, so it wouldn't just have one person's eyes looking at it.
Q. Is that true of any incident or those that exceed 24-hour isolation?

A. One of the psychologists that we have available to --

Q. Whom you mentioned before, Dr. Rife or Dr. Gorin?

A. Uh-huh, those are our current ones we utilize.

Q. So could any youth who wants to see a psychologist see either Dr. Rife or Dr. Gorin, or is it just a limited subset of kids who see them?

A. Only UAC see them.

Q. And if a UAC asks to see a psychologist, would they be able to see one of the two of them?

A. If approved by ORR.

Q. And what information, if any, does ORR get about their circumstances?

A. They receive all the information. All of it is documented.

Q. It goes to that portal?

A. Yeah, and all the information is staffed weekly and information is provided on a weekly basis to them.

Q. What does Dr. Kane do?

A. He's a psychiatrist and he provides medication management for the youth.

Q. So he makes sure their meds are

appropriate?

A. Uh-huh.

Q. Does he provide any kind of therapy?

A. I don't know if you consider -- I'm not sure if medication management is considered therapy.

Q. Or any treatment beyond medication management?

A. Not to my knowledge.

Q. And how often does he see kids?

A. He comes about every three weeks to the facility.

Q. Does he see just the ORR kids?

A. Yes.

Q. Does he see all of them when he comes?

A. He has a list that he sees based on -- when he first meets them, he may want to see them six weeks out or in the next three weeks depending on whatever he thinks is appropriate.

Q. We were talking about ORR needs to approve a kid seeing a psychologist. Who requests -- who makes the request to ORR to see the psychologist?

A. We staff the case with the case coordinator, and we elevate it to our FFS for approval.

Q. Is the case coordinator different than the

supervision if there are concerns for them.

Q. What else is in the ISR? Is there a mattress in the ISR?

A. Yeah, it's just a normal room. It just has a lower bed bunk, and it just has two cameras in it.

Q. Do the clinicians speak Spanish?

A. The ORR clinicians do.

Q. Do the medical staff speak Spanish?

A. No. Our medical director has a working medical Spanish, but he -- we always have a translator present.

Q. And is that a staff person or a translator?

A. Usually a case manager. The back-up medical director that we have, when he's unable, is bilingual.

Q. And who's that?

A. Dr. Katie Lopez.

Q. So we were talking about the mod program. How does the mod program, as it now exists, how is it -- how does it relate to what I understand is the expectation that a UC may not be confined for more than 24 hours? Doesn't the mod program lead in to confinement in excess of 24 hours?

management provides an update on the kid, and then the clinician provides an update on the child.

Q. Who is typically in attendance at those meetings?

A. All the case managers and clinicians, Patty, Patricia Melendres -- we call her Patty -- and I attend when I'm available.

Q. And the FFS, what is that?

A. FFS, federal field specialist, and that's the ORR field staff that's assigned to our program.

Q. And what do they do?

A. They are the point of contact with ORR for our facility, and they provide decisions on step-downs, reunifications. They provide additional guidance when necessary.

Q. What kinds of things would require additional guidance?

A. Say you have a case where reunification has previously been denied, but they want to repursue reunification, if we can proceed, if we -- ideas on placement options or if there are concerns with just general guidance about the case if it's abnormal or different than the normal case, I guess.

Q. There are occasions on which the facility reports allegations of abuse or neglect to Child

Protective Services?

A. Yes.

Q. Under what circumstances would the facility do that?

A. Everyone at the facility is a mandated reporter, so any allegations of abuse or neglect must be reported, not just to CPS, but to state licensing and to ORR and, depending on the circumstances, local law enforcement.

Q. What is the process for providing that notification?

A. If CPS -- if a report is going to be made to CPS, then they will notify administration to report it to state licensing, and then if it's a UAC or UC, then it would be reported to ORR through a significant incident report.

Q. So if it involves a UC, it would not be reported to local law enforcement?

A. Depending on the situation, yeah.

Q. Under what circumstances would something be reported to local law enforcement?

A. It depends on the allegation. There is certain PREA requirements that require you to refer to local law enforcement. If there's like a PREA-related offense, even ORR, it has to be reported

A. We still have a position open.

Q. This noted that the UCs did not seem to understand that they had possibly been participating in group counseling. How does the group counseling work?

A. I think it's because it wasn't necessarily called group when they would do it. I think that's mainly the reason why it was happening.

Q. How was it conducted?

A. It was conducted by the clinicians twice a week.

Q. And what does the clinician do?

A. They do psychoeducation, whatever is going -- you know, if there's a major issue going on with the kids. Maybe it's a morning group exercise with the kids to start their day off and set an intention for the beginning of the week if it starts on Monday. It can vary.

Q. So is it a discussion opportunity? Is it a -- do they play games that have some pedagogic value? What's the dynamic?

A. It could be a discussion or it could be like a morning stress exercise, and they have a word of the day or a quote of the day they're going to focus on or it could be an opportunity to discuss how